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STATEMENT OF

FORM 1	ORGANIZATION								Office Use Only							
NAME OF COMMITTEE (in	ı full)	(Checl	k if name nged)		mple:If		, type		12F	'E4M	5					
UST LLC E	xecutiv	es Admiı	nistrators	s an	d M	ana	ger	s P	olit	ical	Actio	on C	om	mit	tee	
ADDRESS (number and street)		101 Constitution	on Avenue, NV	/												
(Check if address is changed)		Suite 400 W														
		Washington							DC		20001					
		CITY							STATE				ZIP CODE			
COMMITTEE'S E-MA	AL ADDRES	SS (Please provi	-	mail ad	dress)											
(Check if address is changed)																
COMMITTEE'S WEB		DRESS (URL)			1 1				1 1							
(Check if address is changed)																
2. DATE 12	2 01		1													
3. FEC IDENTIFIC	CATION NU	JMBER	C co	010485	1											
4. IS THIS STATEM	MENT	NEW (N)	OR	×	А	MEND	ED (A)								
I certify that I have e	examined th	is Statement an	nd to the best	of my i	knowled	dge an	d belie	ef it i	s true,	corre	ct and c	omplei	e.			
Type or Print Name	of Treasurer	Gayle Drisco														
Signature of Treasure	Gayle D)risco			[Electi	onicall	y Filed	IJ [Date	1	2 /	01	/ Y	20°	11	
NOTE: Submission of		ous, or incomple		•	•	•	Ŭ	Ü			•	nalties	of 2 U	l.S.C.	§437g.	
Office Use Only					Federal Toll Fre	ther inf Election e 800-4 02-694-	n Comn 24-9530	nissior					FORI			